



Regional School District 17

DAILY SYMPTOM SCREENING CHECKLIST FOR FAMILIES

Individuals or families participating in *Screen and Stay* should keep this checklist handy to guide your at-home daily symptom check. If the individual participating in *Screen and Stay* experiences **any of these symptoms or answers 'YES' to the questions** at any time during their monitoring period, they should not report for in-person learning or other in-person school activity, and the staff person, or the student's parent or guardian, should contact the school for further instructions.

What date has the school told you to perform daily screening until? _____

Has the person experienced any of the following symptoms in the past 24-hours?

<i>SYMPTOM</i>	<i>YES</i>	<i>NO</i>
Elevated temperature ($\geq 100.4^{\circ}\text{F}$)	<input type="checkbox"/>	<input type="checkbox"/>
Chills	<input type="checkbox"/>	<input type="checkbox"/>
Frequent coughing	<input type="checkbox"/>	<input type="checkbox"/>
Trouble breathing	<input type="checkbox"/>	<input type="checkbox"/>
Unusually tired	<input type="checkbox"/>	<input type="checkbox"/>
Muscle or body aches	<input type="checkbox"/>	<input type="checkbox"/>
Headache	<input type="checkbox"/>	<input type="checkbox"/>
Trouble tasting or smelling	<input type="checkbox"/>	<input type="checkbox"/>
Sore throat	<input type="checkbox"/>	<input type="checkbox"/>
Stuffy or runny nose	<input type="checkbox"/>	<input type="checkbox"/>
Nausea or vomiting	<input type="checkbox"/>	<input type="checkbox"/>
Diarrhea	<input type="checkbox"/>	<input type="checkbox"/>

Has the person been in close contact with any other individual outside of the school known to have COVID-19 in the past 24-hours?

YES NO

Has the person been instructed by local health officials to quarantine or isolate within the past 24-hours?

YES NO

If the answers to any of these symptoms or questions is "YES", stay at home and notify the school.